

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-476)**

SERIAL NO.

453936

FILING DATE

5-17-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
1						
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49						
50						
TOTAL W/O.	2					
TOTAL DEP.	16					

	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
61						
62						
63						
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100						
TOTAL W/O.						
TOTAL DEP.						